(**For Office Use Only)**

Session 2025-2026…………………………………….. Class..…………………………………….Regn. No.. …………………………………..

Amount Received…………………………………… Dated…………………………………. Sign…………………………………………….



|  |
| --- |
|  Paste Passport size Photograph |

 LET NOBLE THOUGHTS COME TO US FROM EVERY SIDE

 **PANDIT MOHAN LAL**

 **S.D.PUBLIC SCHOOL (RECOGNISED)**

 ***Under the management of***

Pandit Mohan Lal Sanatan Dharma Educational Society Regd.),Chd.

 Sector 19-C, CHANDIGARH Phone No: 0172- 2924669

 Email: - pmlsd19@gmail.com

 **Session: 2025-26**

 1. Class to which admission is sought…………………………………………………………………………………………………………………..…

 2. Full Name of the Child (In Block Letters) ……………………………….……………………………………….…………………………….….

 3 .Date of Birth ……………………………………………(in words)……………………………………………..…….…………………………….…...

 4. Age as on 1st April 2025…………………..…Years………..……………………Months……………………………Days…………….………..

 5. Sex: Male/ Female……………………………………………………………………………………………………………………………………………….

 6. Name of the previous School (if attended) ………………………………………………………….…………………………..…………….…..

 7. Father’s/Guardian’s Name…………………………………………….……… Phone No ……..………………………………………..……..….

 8. Occupation &. Office Address …………………………………………………………………………………………………………………………….

 9. Mother’s Name ……………………………………………………………………. Phone No ………………………………….……………………….

 10. Occupation &. Office Address…………………………………………………………………………………………………………………..…………

 11. Residential Address ……………………………………………………………………………………….Pin Code…………………………………

 12. E-mail ID ………………………………………………………………………………………………………………………………………………………..…..

 13. Social category :General/SC/ST/OBC…………………………………………………………………………………………………………………..

 14. Religion :Hindu/Muslim/Christian/Sikh/Others………………………………………………………………………………….………..……..

 15. .Mother Tongue…………………………………………………………………………………………………………………………………………..……..

 16. Day Boarding (Yes/ No)…………………………………………………………………………………………………………………………………..…..

 17. Student’s .Aadhaar Card No.…………………………………………………………Name as per aadhaar card……….…………………

 18. Student’s height (cms) ……………………………….. Weight ……………………………….. Blood Group …………………………………

19. Emergency Phone Number…………………………………………………………………………………………………………………………..………

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please Note: 1. Attach a photo copy of the original birth certificate ,2 recent passport size photographs, copy of***

 ***Aadhaar Card and residence proof.***

 ***2. Fee is not refundable.***

***Date…………………………….. ……………………………………………..***

 ***Signature of Parent/ guardian***

 ***Admit***

**Date……………………………** ………………………………………………

 **Principal**